The claims fee has been calculated as shown below:

							S	SMALL	ENTITY				R THAN . ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		PREV	IEST NO. /IOUSLY ID FOR	PRESENT EXTRA		R.A	ATE	ADDIT. FEE	<u>OR</u>	F	RATE	ADDIT. FEE
TOTAL	. 80	MINUS	*	80	0		Х	\$ 25	\$		Х	50	\$
INDEP	6	MINUS	**	9	0		X	\$100	\$		х	\$200	\$
☐ F	IRST PRESENTATI	ON OF MU	JLTIPL	E DEP. CL	AIM		+ .	\$180	\$	-	+	\$360	\$.
	* not fewer than 20 ** not fewer than 3 TOTAL = \$ 0 TOTAL = \$ 0												

The Application Size Fee has been calculated as shown below: (Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)		

SMALL ENTITY					
Rate	Total Amount Owed				
X \$125	\$[]				

OTHER THAN SMALL ENTITY					
Rate	Total Amount Owed				
.X \$250	\$ []				

	Payment ficient for up to
[] Sheets

Petition for Extension of Time

Applicant hereby petitions to extend the time to respond to the [] dated [month(s) from [] to []. The appropriate fee is set forth below.] for []	
[For action-specific language in an extension of time, select the appropriate Firm Templates]	option fro	om the	,

Please ch	narge Deposit Account No. 08-0380 for the following	fees:	
	Petition for [] month Extension of Time		\$
	Claims Fee		\$
	Application Size Fee		\$
	Other Fees:		
			\$
			\$
		TOTAL:	\$
A check	is enclosed in payment of the following fees:		·
	Petition for [] month Extension of Time		\$
	Claims Fee		\$
	Application Size Fee		\$
	Other Fees:		<u> </u>
			\$
			\$
		TOTAL:	\$ 0
	Please charge any deficiency or credit any overpayme this matter to Deposit Account No. 08-0380. A copy accounting purposes.		
	Respectfully submit	tted,	
	NOLDS, P.C.		
	By Mark B. Solomon - Registration No.: 4 Telephone (978) 34 Facsimile (978) 34	1-0036	

Concord, Massachusetts 01742-9133 Dated: **9/19/07**